

**III. Home-Based Interventions/Services (services 30-45)**  
**CPS Chapter 48 and Child Welfare clients**

## **Service 30: Voluntary In-Home Child Welfare Services.**

**Description:** In-home services to prevent child abuse or neglect that a family has voluntarily agreed to accept. Services could be provided by county or a provider under contract to the county. Services include a case manager.

**Population:** CPS Chapter 48 and Child Welfare clients

**Question #1: Availability of Service**

- A: This service is  
\_\_\_\_\_ available  
\_\_\_\_\_ not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_ More available  
\_\_\_\_\_ Less available  
\_\_\_\_\_ Same availability

**Question #2: Importance of Service**

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	<b>CHILD SAFETY</b>	<b>PERMANENCY</b>
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

**Question #3: Accessibility of Service**

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_ Locally (within county)  
\_\_\_\_\_ Outside of county  
                  \_\_\_\_\_ within one hour  
                  \_\_\_\_\_ more than one hour
- B: If this service is accessible:  
\_\_\_\_\_ Immediate access (can provide within 7 days)  
\_\_\_\_\_ Client can access within 7-14 days  
\_\_\_\_\_ Client can access within 15-29 days  
\_\_\_\_\_ Client can access within 30-90 days  
\_\_\_\_\_ Client can access over 90 days/wait list for services  
\_\_\_\_\_ Unknown

- C: This service is provided by (check all that apply):
- ☐ County child welfare staff
  - ☐ Other county HSD/51.42 staff
  - ☐ Other county agencies
  - ☐ Purchase of service/contract staff
  - ☐ Community providers
  - ☐ State (DCFS or other agency)
  - ☐ Volunteers
  - ☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box): \_\_\_\_\_

## Service 31: Coordinated or Integrated Case Management Services.

**Description:** A procedure to plan, seek, and monitor services from different social agencies and staff using a team approach on behalf of a client. Usually one agency takes primary responsibility for the client and assigns a case manager, who coordinates services, advocates for the client, and sometimes controls resources and purchases services for the client. Can include MH, AODA, DD, Public Assistance and other services. Also includes use of Medicaid Targeted Case Management (TCM).

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
☐ available  
☐ not available
- B: Has the availability of the service changed in the past five years?  
☐ More available  
☐ Less available  
☐ Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
☐ Locally (within county)  
☐ Outside of county  
     ☐ within one hour  
     ☐ more than one hour
- B: If this service is accessible:  
☐ Immediate access (can provide within 7 days)  
☐ Client can access within 7-14 days  
☐ Client can access within 15-29 days  
☐ Client can access within 30-90 days  
☐ Client can access over 90 days/wait list for services  
☐ Unknown
- C: This service is provided by (check all that apply):  
☐ County child welfare staff

- ☐ Other county HSD/51.42 staff  
☐ Other county agencies  
☐ Purchase of service/contract staff  
☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 32: Family Group Conferencing.

**Description:** A process for convening family members and their support network to develop a plan to prevent child abuse/neglect or to achieve permanency and stability.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_ available  
\_\_\_\_\_ not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_ More available  
\_\_\_\_\_ Less available  
\_\_\_\_\_ Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_ Locally (within county)  
\_\_\_\_\_ Outside of county  
                    \_\_\_\_\_ within one hour  
                    \_\_\_\_\_ more than one hour
- B: If this service is accessible:  
\_\_\_\_\_ Immediate access (can provide within 7 days)  
\_\_\_\_\_ Client can access within 7-14 days  
\_\_\_\_\_ Client can access within 15-29 days  
\_\_\_\_\_ Client can access within 30-90 days  
\_\_\_\_\_ Client can access over 90 days/wait list for services  
\_\_\_\_\_ Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_ County child welfare staff  
\_\_\_\_\_ Other county HSD/51.42 staff  
\_\_\_\_\_ Other county agencies  
\_\_\_\_\_ Purchase of service/contract staff  
\_\_\_\_\_ Community providers

\_\_\_\_\_ State (DCFS or other agency)  
 \_\_\_\_\_ Volunteers  
 \_\_\_\_\_ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 33: Wrap-Around Services.

**Description:** Comprehensive and coordinated services that provide flexible and “whatever is needed” services to a family. Includes MH wrap-around programs that serve child welfare clients.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
       \_\_\_\_\_available  
       \_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
       \_\_\_\_\_More available  
       \_\_\_\_\_Less available  
       \_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
       \_\_\_\_\_Locally (within county)  
       \_\_\_\_\_Outside of county  
               \_\_\_\_\_within one hour  
               \_\_\_\_\_more than one hour
- B: If this service is accessible:  
       \_\_\_\_\_Immediate access (can provide within 7 days)  
       \_\_\_\_\_Client can access within 7-14 days  
       \_\_\_\_\_Client can access within 15-29 days  
       \_\_\_\_\_Client can access within 30-90 days  
       \_\_\_\_\_Client can access over 90 days/wait list for services  
       \_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
       \_\_\_\_\_County child welfare staff  
       \_\_\_\_\_Other county HSD/51.42 staff  
       \_\_\_\_\_Other county agencies  
       \_\_\_\_\_Purchase of service/contract staff

☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_



## Service 34: Flexible Funds.

**Description:** A flexible fund pool provided by the county to purchase “whatever is needed” services and supplies for a family to prevent removal of a child from the home and ensure safety. Purchases may be made on behalf of clients or clients given vouchers to redeem for goods and services (for example, purchasing a car battery so that mom can continue to take her infant to medical appointments).

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_available  
\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_More available  
\_\_\_\_Less available  
\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_Locally (within county)  
\_\_\_\_Outside of county  
\_\_\_\_within one hour  
\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_Client can access within 7-14 days  
\_\_\_\_Client can access within 15-29 days  
\_\_\_\_Client can access within 30-90 days  
\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_County child welfare staff  
\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_Other county agencies  
\_\_\_\_Purchase of service/contract staff

☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 35: In-Home therapy.

**Description:** Professional or paraprofessional aides with clinical expertise who provide in-home services to parents who are having difficulties managing the behavior of their child or children to teach and mentor more effective behavioral discipline or management skills. They may also work with the child, teaching behavior modification techniques.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_available  
\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_More available  
\_\_\_\_Less available  
\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_Locally (within county)  
\_\_\_\_Outside of county  
\_\_\_\_within one hour  
\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_Client can access within 7-14 days  
\_\_\_\_Client can access within 15-29 days  
\_\_\_\_Client can access within 30-90 days  
\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_County child welfare staff  
\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_Other county agencies  
\_\_\_\_Purchase of service/contract staff

☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 36: Father/Male Involvement Services.

**Description:** Outreach and parenting support services to fathers (who typically are not living in the home) whose families are involved in the child welfare system to support their participation in services and involvement with their children.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
\_\_\_\_\_within one hour  
\_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers

☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 37: Public Health Aides.

**Description:** Trained public health staff who provide health-related services and information through visits to the homes of child welfare clients.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
                  \_\_\_\_\_within one hour  
                  \_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers  
\_\_\_\_\_State (DCFS or other agency)

\_\_\_\_\_Volunteers  
 \_\_\_\_\_Other (specify\_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_



## Service 38: Community-Based Substance Abuse Services.

**Description:** Community-based treatment for alcohol and substance abuse. Services can include substance abuse early intervention and substance abuse-related education. Services may also include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Al-Anon/Alateen. Note: Substance abuse treatment services are covered in Part IV.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_available  
\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_More available  
\_\_\_\_Less available  
\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_Locally (within county)  
\_\_\_\_Outside of county  
\_\_\_\_within one hour  
\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_Client can access within 7-14 days  
\_\_\_\_Client can access within 15-29 days  
\_\_\_\_Client can access within 30-90 days  
\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_County child welfare staff  
\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_Other county agencies  
\_\_\_\_Purchase of service/contract staff

☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 39: Community-Based Domestic Violence Services.

**Description:** Community-based treatment for domestic violence. The purpose of domestic violence services is to prevent and treat children and families who are victims of domestic violence by providing education and treatment. Services may include individual and group counseling, safety planning, transitional housing, community resources and linkages for support, support groups for children and adult victims, linkage with shelter/transitional housing, linkage with community-based services, transportation, and day care. Services for perpetrators may also be offered.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
          \_\_\_\_\_within one hour  
          \_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff

- ☐ Other county HSD/51.42 staff  
☐ Other county agencies  
☐ Purchase of service/contract staff  
☐ Community providers  
☐ State (DCFS or other agency)  
☐ Volunteers  
☐ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 40: Community-Based Mental Health Services.

**Description:** Community-based counseling and other mental health services that do not require in patient care or institutionalization. Services may include evaluation/assessment, counseling (family/marital, individual, peer, crisis counseling), and pharmacological management. Note: Other MH treatment services are covered in Part IV.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
                  \_\_\_\_\_within one hour  
                  \_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers

\_\_\_\_\_ State (DCFS or other agency)  
 \_\_\_\_\_ Volunteers  
 \_\_\_\_\_ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 41: Child and Adolescent Day Treatment.

**Description:** Community-based mental health services for children and adolescents to stabilize behavior prevent institutional or out of home care placement. Also known as “day school.”

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
\_\_\_\_\_within one hour  
\_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers  
\_\_\_\_\_State (DCFS or other agency)

\_\_\_\_\_Volunteers  
 \_\_\_\_\_Other (specify\_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_



## Service 42: Sexual Abuse Treatment.

**Description:** Treatment services for children, their families, and adults who are child sexual abuse victims or perpetrators.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	<b>CHILD SAFETY</b>	<b>PERMANENCY</b>
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
\_\_\_\_\_within one hour  
\_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers  
\_\_\_\_\_State (DCFS or other agency)

\_\_\_\_\_Volunteers  
 \_\_\_\_\_Other (specify\_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 43: Therapeutic Child Care.

**Description:** Child care provided in a therapeutic milieu because of the emotional needs of the child. The provider must have clinical expertise.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	<b>CHILD SAFETY</b>	<b>PERMANENCY</b>
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
          \_\_\_\_\_within one hour  
          \_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers  
\_\_\_\_\_State (DCFS or other agency)

\_\_\_\_\_Volunteers  
 \_\_\_\_\_Other (specify\_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 44: Intensive Family Preservation.

**Description:** Intensive in-home services offered to families. Services are designed to assist in the preservation of families—including adoptive and extended families, whose children have either experienced or are at risk for parental abuse or neglect, or are in crisis and are at imminent risk for removal from their homes.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
\_\_\_\_\_within one hour  
\_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers

\_\_\_\_\_ State (DCFS or other agency)  
 \_\_\_\_\_ Volunteers  
 \_\_\_\_\_ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_

## Service 45: Respite Care for Parents.

**Description:** Respite care is temporary care of a child to provide relief to the parents and to prevent child maltreatment. It may involve care of the child outside of his or her own home for a brief period of time, such as overnight or for a weekend. Note: Respite care for foster parents is covered under item 63.

**Population:** CPS Chapter 48 and Child Welfare clients

### Question #1: Availability of Service

- A: This service is  
\_\_\_\_\_available  
\_\_\_\_\_not available
- B: Has the availability of the service changed in the past five years?  
\_\_\_\_\_More available  
\_\_\_\_\_Less available  
\_\_\_\_\_Same availability

### Question #2: Importance of Service

A: Is this service important to child safety and permanency? (Check appropriate boxes)

	CHILD SAFETY	PERMANENCY
	Child Welfare Families	Child Welfare Families
Very Important		
Moderately Important		
Somewhat Important		
Not Important		
Not Relevant		

Comments: \_\_\_\_\_

### Question #3: Accessibility of Service

- A: Is this service accessible (check all that apply):  
\_\_\_\_\_Locally (within county)  
\_\_\_\_\_Outside of county  
                  \_\_\_\_\_within one hour  
                  \_\_\_\_\_more than one hour
- B: If this service is accessible:  
\_\_\_\_\_Immediate access (can provide within 7 days)  
\_\_\_\_\_Client can access within 7-14 days  
\_\_\_\_\_Client can access within 15-29 days  
\_\_\_\_\_Client can access within 30-90 days  
\_\_\_\_\_Client can access over 90 days/wait list for services  
\_\_\_\_\_Unknown
- C: This service is provided by (check all that apply):  
\_\_\_\_\_County child welfare staff  
\_\_\_\_\_Other county HSD/51.42 staff  
\_\_\_\_\_Other county agencies  
\_\_\_\_\_Purchase of service/contract staff  
\_\_\_\_\_Community providers

\_\_\_\_\_ State (DCFS or other agency)  
 \_\_\_\_\_ Volunteers  
 \_\_\_\_\_ Other (specify \_\_\_\_\_)

**Question #4: How is this service primarily funded? (check ONE primary source {highest percentage of funds utilized} and all secondary sources that apply)**

	Primary Source	Secondary Source
Community resource (no county funding)		
Fee for Service		
County funded		
Federal funded		
State allocation		
Insurance (including Medicaid)		
Private funding (foundation or individual grants)		

**Question #5: What barriers exist to client use of services? (check all that apply)**

Barrier	Frequent Barrier Affects Many Cases	Infrequent Barrier Affects Few Cases
Lack of providers		
Provider capacity limits		
Provider competency		
Public awareness of service		
Quality of service		
Transportation		
Medicaid Transportation		
Level of Reimbursement		
Effectiveness of service		
Geographic distance		
Lack of client cooperation		
Limited amount of funding		
Other (describe)_____		

Overall Comments (box):\_\_\_\_\_